PAGE 1 / 31

Image# 201804219111718760

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Th	nan An Authori	ized Committe	е		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRI	NT ▼	Example: If typing over the lines.	ng, type	12FE4M	5	
The Democratic C	oalition						1
ADDRESS (number and stre	eet) 1207 WILLO	W AVE					
Check if different than previously reported. (ACC)	HOBOKEN				NJ	07030]-[
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY ▲		;	STATE A	ZIP C	ODE A
C C00612846		3. IS TH REPC		NEW N) OR	AM (A)	IENDED	
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	Report Due On	1 05 20 ((M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re	port (Q2) (C) 12	-Day RE-Election port for the:	Primary (12F	12C)	General Special (12S)	Runoff (12R)
January 31 Year-End Re	port (YE)	Election on	M = M /	D D /		in the State	
July 31 Mid- Report (Non- Year Only) (N	election (u) 30 MY) PC	DST-Election eport for the:	General (300	G)	Runoff (3	80R)	Special (30S)
Termination F (TER)	Report	Election on	M = M /	D = D /	Y	in the State	
5. Covering Period	01 / 01	2018	through	03	31	2018]
I certify that I have exami Type or Print Name of Tre	LÚCIA, FRA		knowledge and I	pelief it is tru	e, correct and	d complete.	
Signature of Treasurer	LUCIA, FRANCESCA,	,,	[Electronically	Filed]	Pate 04	20	2018
NOTE: Submission of false,	erroneous, or incomp	lete information ma	ay subject the pers	son signing th	nis Report to th	ne penalties of 5	52 U.S.C. § 30109
Office Use Only						FEC FO Rev. 05	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name The Democratic Coalition 01 01 2018 03 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 14830.15 January 1, 2018 (b) Cash on Hand at 14830.15 Beginning of Reporting Period..... 41896.22 41896.22 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 56726.37 56726.37 6(a) and 6(c) for Column B)..... 52574.20 52574.20 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 4152.17 4152.17 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 5060.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

	_		_	
I ha	Demo	ratio	(,Va	lition
1110	DEIIIO	Jane	Oua	แนงแ

Report Covering the Period: From:	01 / 2018 To	0: 03 31 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	2525.00	0505.00
(i) Itemized (use Schedule A)	2525.00	2525.00
(ii) Unitemized	39371.22	39371.22
(iii) TOTAL (add	4 4	7 7 7
Lines 11(a)(i) and (ii)▶	41896.22	41896.22
· · · · · · · · · · · · · · · · · · ·		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	2.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	41896.22	41896.22
Totals to Line 33, page 5)	41030.22	71030.22
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	
3. All Loans Received	0.00	0.00
7.11 254.16 1 15551 54	4 4	4 4
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4 4	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	75. 1 75. 1 25.
to Federal Candidates and Other		
Political Committees	0.00	0.00
'. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		,
(a) Non-Federal Account	0.00	200
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Hallstels (add To(a) allu To(b))	0.00	0.00
D. Total Receipts (add Lines 11(d),		11000.00
12, 13, 14, 15, 16, 17, and 18(c))▶	41896.22	41896.22
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	41896.22	41896.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B				
21.	Operating Expenditures:	Iotal IIIS Period	Calendar Year-to-Date				
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
	(i) Federal Share	0.00	0.00				
	**						
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating	50544.00	E2E14 20				
	Expenditures	52514.20	52514.20				
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	52514.20	52514.20				
,	Transfers to Affiliated/Other Party	02014.20	4 4 4				
	Committees	0.00	0.00				
-	Contributions to Federal Candidates/Committees	7 7 7					
	and Other Political Committees	0.00	0.00				
	Independent Expenditures	0.00	0.00				
	(use Schedule E)	0.00	0.00				
	(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
	(200 251104410 1 /11111111111111111111111111111	4 4	0.00				
	Loan Repayments Made	0.00	0.00				
		4 4					
	Loans Made Refunds of Contributions To:	0.00	0.00				
•	(a) Individuals/Persons Other						
	Than Political Committees	60.00	60.00				
	(h) Political Party Committees						
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds	0.00	0.00				
	(add Lines 28(a), (b), and (c))	60.00	60.00				
	(444 200 20(4), (6), 44 (6),	00.00	00.00				
	Other Disbursements (Including						
	Non-Federal Donations)	0.00	0.00				
	Fodoral Floring Ashirity (FO LLO O C 00404/6	2011					
	Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	20))					
	(from Schedule H6)						
	(i) Federal Share	0.00	0.00				
	()	0.00	0.00				
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid	4 4	4 4				
	Entirely With Federal Funds	0.00	0.00				
	(c) Total Federal Election Activity (add	1 1 1 1 1 1 1 1 1					
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
	-						
	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52574.20	52574.20				
	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)						
	from Line 31)	52574.20	52574.20				
	•	0207 1.20	52574.20				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

		3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41896.22	41896.22
34. Total Contribution Refunds (from Line 28(d))	60.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41836.22	41836.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	52514.20	52514.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52514.20	52514.20

Use separate schedule(s) for each category of the

F	OR	LINE	NU	IMBER	:	PAGE	6	OF	31
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Democratic Coalition Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hall, Victoria, , , Date of Receipt Mailing Address 1175 Park Ave # NYNY10128 09 2018 City Zip Code State Transaction ID: VTE5QQ34AE1 NY New York 10128-1211 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 01 10 2018 City State Zip Code Transaction ID: VTE5QQ34AE1E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 23102.04 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kurowski, Anne, , , Date of Receipt Mailing Address 7345 Lilac Ln 10 2018 City Zip Code State Transaction ID: VTE5QQ34F32 MN Victoria 55386-9768 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7 - - -

31 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Democratic Coalition Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 10 2018 City Zip Code State Transaction ID: VTE5QQ34F32E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23102.04 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lubow, Dana, , , Date of Receipt Mailing Address 978 Norumbega Dr 2018 City State Zip Code Transaction ID: VTE5QQ33PA6 CA Monrovia 91016-1821 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 11 2018 Zip Code City State Transaction ID: VTE5QQ33PA6E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23102.04 Other (specify) organization. 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTE The Democration	, ,			
Full Name of Individua	al (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 978 N	Norumbega Dr			02 05 2018
City		State	Zip Code	Transaction ID : VTE5QQ33PB4
Monrovia		CA	91016-1821	Amount of Each Receipt this Period
FEC ID number of cor federal political commi	· ·	C		25.00
Name of Employer (fo	r Individual)		tion (for Individual)	Memo Item
N/A Receipt For:		Not Em		
Primary Other (specify)	General	Aggregate Yea	ar-to-Date ▼ 275.00	* Earmarked Contribution: See Below
Full Name of Individua ActBlue	al (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address POB	ox 441146			02 11 2018
City		State	Zip Code	Transaction ID : VTE5QQ33PB4E
West Somerville		MA	02144-0031	Amount of Each Receipt this Period
FEC ID number of cor federal political commi	· ·	C C0040	1224	25.00
Name of Employer (fo	r Individual)		ation (for Individual) it total listed in Agg. field	✗ Memo Item
Receipt For: Primary Other (specify)	General	Aggregate Yea	ar-to-Date ▼ 23102.04	Note: Above Contribution earmarked through to organization.
Full Name of Individua May, Anne, , ,	al (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 97 W	hite Hill Rd			01 09 / 2018
City		State	Zip Code	Transaction ID : VTE5QQ34FM6
Cold Spring Harbor		NY	11724-1108	Amount of Each Receipt this Period
FEC ID number of cor federal political commi	•	С		250.00
Name of Employer (fo	r Individual)	Occupa None	tion (for Individual)	Memo Item
Receipt For: Primary	General	Aggregate Yea		* Earmarked Contribution: See Below
Other (specify)			250.00	
SUBTOTAL of Receipts	This Page (optional)		·····	275.00
TOTAL This Period (last	t page this line number or	nly)	· · · · · · · · · · · · · · · · · · ·	

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F	OR	LINE	NU	MBER	:	PAGE	9	OF	31
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Democratic Coalition Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ActBlue Date of Receipt Mailing Address PO Box 441146 10 2018 City Zip Code State Transaction ID: VTE5QQ34FM6E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23102.04 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wade, Katherine, , , Date of Receipt Mailing Address 2120 Dellesta Dr 2018 City State Zip Code Transaction ID: VTE5QP41PS2 WA Bellingham 98226-7823 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Curtis Wade Dds Dental Hygienist Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ActBlue Date of Receipt Mailing Address PO Box 441146 2018 City Zip Code State Transaction ID: VTE5QP41PS2E MA West Somerville 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 23102.04 Other (specify) organization. 500.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s)	_	ck only	ne)	TAGE	-	10	01	 	
for each category of the Detailed Summary Page	×	11a	11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Democratic Coalition Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wayman, Bill, , , Date of Receipt Mailing Address 2650 Stonecreek Dr 2018 Apt 221 City State Zip Code Transaction ID: VTE5QP41MV2 CA Sacramento 95833-1933 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General * Earmarked Contribution: See Below 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 01 2018 City State Zip Code Transaction ID: VTE5QP41MV2E MA 02144-0031 West Somerville Amount of Each Receipt this Period FEC ID number of contributing C00401224 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this Other (specify) 23102.04 organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 2525.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Democratic Coalition Full Name (Last, First, Middle Initial) A. ActBlue Technical Services Mailing Address PO Box 382110 City Cambridge Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. ActBlue Technical Services Mailing Address PO Box 382110 FEC Identification Number Category/ Type Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B. ActBlue Technical Services Mailing Address PO Box 382110 Date of Disbursement this Period Transaction ID: YTD6FA4CM) Amount of Each Disbursement Category/ Type Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement FEC Identification Number FEC Identification Number Category/ Type Transaction ID: YTD6FA4CNO Amount of Each Disbursement this Period Transaction ID: YTD6FA4CNO Transaction ID: YTD6FA4CNO Amount of Each Disbursement this Period Transaction ID: YTD6FA4CNO Transaction ID: YTD6FA	SCHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 11 OF 31						
Detailed Surmary Page 28	ITEMIZED DISBURSEMENTS			I `	<i>'</i> ′ _		□ 00 □ 07				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pall Name (Last, First, Middle Initial) A. ActBlue Technical Services Mailing Address PO Box 382110 City Cambridge Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Pensasent State: Disbursement Credit Card Processing Fee Candidate Name Category/ Cambridge MA Disbursement For: State Disbursement Credit Card Processing Fee Candidate Name Category/ Type Typ											
NAME OF COMMITTEE (in pits) The Democratic Coalition Full Name (Last, First, Middle Initial) A. ActBlue Technical Services Mailing Address PO Box 382110 City Cambridge Candidate Name Cardidate Name City Cambridge Pripose of Debursement Cred Card Processing Fee Candidate Name City Cambridge Pripose of Debursement State: District Full Name (Last, First, Middle Initial) B. ActBlue Technical Services Mailing Address PO Box 382110 City Category/ Type District Full Name (Last, First, Middle Initial) B. ActBlue Technical Services Mailing Address PO Box 382110 City Cambridge MA Cardidate Name Candidate Name City Cambridge MA Cardidate Name City City Cambridge MA Category/ Type District Full Name (Last, First, Middle Initial) City Cambridge District Full Name (Last, First, Middle Initial) City Cambridge MA Cardidate Name Cardidate Name City Cambridge District Full Name (Last, First, Middle Initial) City Cambridge District Full Name (Last, First, Middle Initial) City Cambridge District Full Name (Last, First, Middle Initial) City Cambridge District Full Name (Last, First, Middle Initial) City Cambridge District Full Name (Last, First, Middle Initial) City Cambridge District Full Name (Last, First, Middle Initial) Category/ Type Transaction ID **TD\$FACNN Amount of Each Disbursement Type Transaction ID **TD\$FACNN Amount of Each Disbursement Category/ Type Transaction ID **TD\$FACNN Amount of Each Disbursement Type Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of Each Disbursement Init Period Transaction ID **TD\$FACNN Amount of E	Any information conied from such Poports and Stat	tomonte may	, not be sold or use								
The Democratic Coalition Full Name (Last, First, Middle Initial) A. ActBlue Technical Services Mailing Address PO Box 382110 City State Zip Code Cambridge MA De238-2110 Credit Card Processing Fee Candidate Name Office Sought: House Disbursement For: Sarate Prinside Initial) B. ActBlue Technical Services Mailing Address PO Box 382110 City State: Disbursement For: State Disbursement For: Sarate Disbursement For: State Office Sought: House Disbursement For: Sarate Disbursement For: Sa											
Full Name (Last, First, Middle Initial) A. ActBlue Technical Services Mailing Address PO Box 382110 City State Zip Code Cambridge Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement Primary General Purpose of Disbursement Initial Primary General Purpose of Disbursement Primary General Purpose of Disbursement Initial Primary General Purpose of Disbursement Credit Card Processing Fee Candidate Name Disbursement For: Senate President Other (specify) Memo Item Full Name (Last, First, Middle Initial) C. ActBlue Technical Services Mailing Address PO Box 382110 City State: Distric: Distric: Distric: Distric: Transaction ID: VTD6FA4CN0 Amount of Each Disbursement Init Period Category/ 1/2018 FEC Identification Number	NAME OF COMMITTEE (In Full)										
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SCHEDULE B (FEC Form 3X)					PAGE 26 OF 31					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I				
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C. Paychex of New York LLC			Date of Disbursement			
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Senate Primary General											
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State. District.											
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SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 30 OF 31

		Detailed Suffillary Page FOR LINE 13 OF FORM 3X					
IAME OF COMMITTEE (In Full) The Democratic Coalition	Transaction ID : VTE5QM2EHY1L						
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	N ☐ Memo Item					
Mailing Address 1415 Converse Bay Rd		General Other (specify) ▼					
City	State	ZIP Code					
Charlotte	VT	05445-9430					
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period					
5000.00		0.00					
TERMS Date Incurred	Da	ate Due Interest Rate Secured:					
M 05 M / D 10 D / Y 2016 Y	12 / 31	/ 2020 Yes x No					
List All Endorsers or Guarantors (if any)	to Loan Source						
Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)		5000.00					
TOTALS This Period (last page in this line on							
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.					

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 31 OF 31

FOR LINE 13 OF FORM 3X

			Potation cultilary rago Torr Elive 13 or Fortivi 3X
AME OF COMMITTEE (In Full) The Democratic Coalition			Transaction ID: VTE5QHS1YN4L
The Democratic Coalition			
LOAN SOURCE Full Name (La Lerner, Nathan, , ,	st, First, M	liddle Initial)	N
Mailing Address 1207 Willow Ave			Other (specify) ▼
Apt 16			
City		State	ZIP Code
Hoboken		NJ	07030-3347
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
7 7	60.00		0.00
TERMS Date Incurred		D	ate Due Interest Rate Secured:
M05 ^M / D20 ^D / Y201	6	12 / 31	0.00 % (apr) Yes X No
List All Endorsers or Guarantor	rs (if any)	to Loan Source	
1. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)	'	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
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